

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034468

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1317A

**FILED SEP 17 1962**  
a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield Length of stay in lb yrs.       
c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. John's Hosp. Inside Limits Yes ☒ No ☐  
d. STREET ADDRESS (If outside, give location) 1111 Mt. Vernon Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last  
(Type or print) Margaret May Welsh 4. DATE OF DEATH Month Day Year  
August 30, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ 8. DATE OF BIRTH 9-24-1893 9. AGE (last birthday) 68  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid 10b. KIND OF BUSINESS OR INDUSTRY Hotel 11. BIRTHPLACE (City and state or country) Clinton, Indiana U. S. A. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William Samuel Bell 13b. MOTHER'S MAIDEN NAME Anna Burton 14. NAME OF HUSBAND OR WIFE Wm. Carl Welsh (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO.      17. INFORMANT Address Elizabeth Pierce, Gary, Indiana

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Pulmonary embolus  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) secondary to fracture of left hip 8 days  
DUE TO (c)     

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)      PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at work

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. Aug 22-'62 p.m.     

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel 20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Missouri

21. I attended the deceased from 22 Aug 1962 to 30 Aug 1962 and last saw her alive on A.M. of 30 Aug 1962  
Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William H. Shuck MD 22b. ADDRESS 307 Professional Bldg. Springfield, Missouri 22c. DATE SIGNED 9-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-4-1962 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery 23d. LOCATION (City, town, or county) (State) Springfield Missouri

24. FUNERAL DIRECTOR ADDRESS Rainey's Chapel, Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 9-12-62 26. REGISTRAR'S SIGNATURE Effie S. Meeter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 19 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. Q. Forsyth

Licensed Embalmer No. 2201

P. O. Address W. J. Vernon Bros.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 8-30-62